

4890649(3)

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## I. PROJECT IDENTIFICATION

1. PROJECT TITLE HEALTH AND FAMILY PLANNING		APPENDIX ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
3. RECIPIENT (specify) <input checked="" type="checkbox"/> COUNTRY Republic of Korea <input type="checkbox"/> REGIONAL <input type="checkbox"/> INTERREGIONAL		2. PROJECT NO. (M.O. 1095.2) 489-11-580-649	
4. LIFE OF PROJECT BEGINS FY 67 ENDS FY 76		5. SUBMISSION <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> REV. NO. 2 DATE CONTR./PASA NO.	

## II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMOD- ITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE \$ US (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY	
											(A) JOINT	(B) BUDGET
1 PRIOR THRU ACTUAL 75	4,791	1,306	n.a.	347	n.a.	3,095	43	563	n.a.		11,231	18,014
2 OPEN 75	350	2		30	14	283	37	-	-		1,120	3,131
3 BUDGET 76											1,200	3,500
4 BUDGET 77												
5 BUDGET 78												
6 BUDGET 79												
7 ALL SUBJ. FY												
8 GRAND TOTAL	5,141	1,306	24	377		3,378	80	563	n.a.		13,551	24,645

## 9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT
Prior: PC, IPPF, SIDA, WHO, UNFPA	Commodities, training, advisory services, program support.	\$ 13,948
Future: IPAVS, JHPIEGO	Training, program support	585

## III. ORIGINATING OFFICE CLEARANCE

1. OFFICER TTHarriman/JRBrady /s/	TITLE Chief, Office of Health and Population	DATE 1/15/75
2. CLEARANCE OFFICER Michael H. B. Adler /s/	TITLE Director, USAID/Korea	DATE 1/15/75
PRM /s/	CONT /s/	IV. PROJECT AUTHORIZATION LEG /s/

## I. CONDITIONS OF APPROVAL

1/ Includes \$385,000 earmarked for sterilization subsidies.

2/ Title X

## 2. CLEARANCES

BUR OFF.	SIGNATURE	DATE	BUR OFF.	SIGNATURE	DATE
EA/EAA/K	R. Ellert-Beck	2/25/75	PHA/POP	R. Backlund	25 Feb 75
PPC/DPRE	J. Welty/A. Handley	3/4/75	PHA/POP	G. Gilmore	25 Feb 75
EA/TD	I. Jackson	2/25/75	PHA/PRS	T. Mahoney/MFowler	26 Feb 75
			EA/DP	L. A. Marinelli	2/26/75
			AA/EA	G. Zimmerly	2/26/75

## 3. APPROVAL AAS OR OFFICE DIRECTORS

SIGNATURE J. C. Cawley	DATE 3/7/75	SIGNATURE John E. Hargrove	DATE 3/19/75
Actg. Asst. Administrator PHA Bureau		ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT	

## I. THE PROJECT GOAL

### A. Goal Statement:

The goal of this project is to reduce the Korean birth rate through the promotion of the Korean Family Planning Program so that the natural increase rate of the population will be reduced, thus contributing to a restraint on economic consumption and an increase in productive investment, per capita income, and the establishment of an economy capable of supporting increased investments in social welfare.

### B. Measurements of Goal Achievements:

To achieve the national goal of 1.3% annual population growth rate by 1981, the birth rate must be reduced by 25%, from 28/1000 in 1973 to 21/1000 in 1981. This can be measured by the 1980 census and through ongoing, periodic demographic surveys.

### C. Assumptions of Goal Achievement:

It is assumed that ROKG policy and financial support for reducing the population growth rate, which began in 1962, will continue. Preliminary indications from economic and health officials now preparing the Fourth Five-Year Plan are that this support will be forthcoming.

It is also assumed that the Korean people will accept the government's policies for reducing the population growth rate, will relate these policies to their personal ambitions, and will avail themselves of family planning services provided. Experience in Korea over the past 14 years has demonstrated that people do accept the concept of family planning and the reduction of population growth. Further, evidence over the past year or so indicates a great interest in and demand for both male and female sterilization.

## II. THE PROJECT PURPOSE

### A. Statement of the Purpose:

The purpose of this project is to increase the use of both male and female sterilization techniques through institutionalization by providing widespread availability of such techniques to more effectively control fertility. These services will complement other methods of family planning already available through government and private channels.

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**B. Conditions Expected at the End of the Project:**

By the end of this project almost 6% of the eligible population will have been sterilized, an increase of 17% over those currently sterilized. Additionally, sterilization services will have been sufficiently institutionalized so that, by 1981, it is estimated that at least 12% of the eligible population will have availed themselves of such services.

An important institutional base for providing sterilization services will be at least 75 hospitals offering full sterilization services versus approximately 5 at present. Other institutional elements will include one classroom training center and five clinical training centers capable of teaching advanced techniques of fertility management to at least 150 doctors annually. Presently there is no such central classroom center, although approximately ten doctors have been trained in this field at Johns-Hopkins. Also, a well stocked equipment maintenance center staffed by a trained technician will be operational to ensure that at no time is more than 10% of the project equipment provided non-operational due to mechanical problems. A further condition anticipated through the project efforts is an increase in those Koreans accepting sterilization. It is expected that sterilization acceptors will represent an increasing percent of all new acceptors, rising from 4.5% in 1974 to 5.5% in 1976 and to 6.5% by 1981.

**C. Basic Assumptions:**

It is assumed that widespread use of sterilization will have a significant impact on fertility. Current Korean data show that the number of births averted per acceptor for vasectomy and female sterilization is approximately 1.54 vs. 0.32, 0.18, and 0.13 for IUD, pill, and condom respectively. Also, recent data show that the age and parity of sterilization acceptors is declining, thereby indicating an increasing role in and impact on the reduction of the birth rate.

It is also assumed that doctors who are supplied laparoscopes will take advantage of the equipment center to maintain their scopes and obtain necessary spare parts.

It is also assumed that, if sterilization services are made widely available, they will be acceptable to the Korean people. This seems reasonable as the rate of reported sterilizations has been increasing since the beginning of the family planning program in 1962

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and the present demand for sterilization services, particularly for modern female procedures, exceeds the capacity to deliver such.

Finally, it is assumed that doctors will avail themselves of facilities offering training and/or equipment related to new sterilization techniques. Initial canvassing of the major medical schools in Korea indicates that such demand and interest exist.

### III. PROJECT OUTPUTS

#### A. Outputs:

The primary outputs of this project will be the establishment of up to 5 central sterilization training centers and the equipping of and staff training for up to 75 hospitals providing sterilization services. These training centers and hospitals will conduct ongoing training and service programs and will establish linkages with U.S. and other donor institutions capable of and willing to provide continued technical and financial assistance. Secondly, the output of this project will be an increased number of sterilized individuals. It is estimated that at the end of two years approximately 105,000 men and women will have been sterilized as a result of this project.

#### B. Output Indicators:

1) <u>Kind of Outputs</u>	2) <u>Magnitude of Outputs:</u> <u>Current/End of Project</u>	3) <u>Target for</u> <u>Completion</u>
<u>U.S.</u>		
Hospitals equipped to provide sterilization services	5                      75	1976
Trained trainers and administrators (3rd country & U.S.)	10                      24	1976
Establishment of service statistics and evaluation system	0                      monthly reports/ annual verifications/ad hoc surveys as needed	1976/ 1976

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**B. Output Indicators (cont.):**

- |                                  |  |  |
|----------------------------------|--|--|
| <b>1) <u>Kind of Outputs</u></b> | <b>2) <u>Magnitude of Outputs:</u><br/><u>Current/End of Project</u></b> | <b>3) <u>Target for Completion</u></b> |
|----------------------------------|--|--|

**Other Donors**

Established training centers	5	5	1975
Doctors trained in sterilization techniques	10	310	1976
Maintenance center	0	1	1975

**ROKGC**

Female & male sterilizations	230,000	355,000	1976
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**C. Basic Assumptions:**

It is assumed that adequate training sites are and will remain available through other donors. It is also assumed that the doctors trained through the program will support sterilization techniques and that supporting hospital staffs will be capable of assisting in the use of sterilization equipment. Another assumption is that the trainers and administrators sent for participant training will appropriately apply the knowledge acquired. It is also assumed that sterilization will remain or become more acceptable to the Korean people. Finally, it is assumed that appropriate use will be made of the data and evaluative information collected.

**IV. PROJECT INPUTS****A. Kind of Inputs:**

Inputs from A.I.D will be primarily for commodities to be used in providing sterilization services. Other inputs will include participant training and short-term technical services, and funding for local data collection and evaluative services.

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**B. Implementation Schedule:**

1) Kind of Input                      2) Magnitude of Input                      3) Delivery Date

U.S.

D.H. Population Officer	24 mm	FY 1975/1976
Consultants (U.S. and/or Korean)	12 mm/\$12,000	FY 1975/1976
Participant training (U.S. & third country)	14 mm/\$30,000	FY 1975/1976
Evaluation	\$25,000	FY 1975/1976
Sterilization commodities	\$283,000	FY 1975/1976

Other Donor

Training centers (JHPIEGO and IPAUS) <sup>1/</sup>	\$500,000	FY 1975/1976
Hospital Support (UNFPA & PPFK) <sup>2/</sup>	\$ 85,000	FY 1975/1976
Training facilities (KIFP) <sup>3/</sup>	\$ 25,000	FY 1975/1976

ROK

Budgetary support for sterilization fees	\$385,000	FY 1975/1976
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1/

Johns-Hopkins Project for International Education in Gynecology and Obstetrics and International Project, Association for Voluntary Sterilization

2/

The United Nations Fund for Population Activities and Planned Parenthood Federation of Korea

3/

Korean Institute for Family Planning

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PAGE 7 of 11 PAGES**C. Basic Assumptions:**

It is assumed that commodities will arrive as planned and that other donor and ROMC support will be provided. Further, although of minor concern, it is assumed that suitable overseas training is available for qualified trainees.

**V. RATIONALE**

The Republic of Korea has made significant economic advances over the past decade, with its annual growth rate averaging above 9% during the Second Five-Year Plan (1972-1976) and over 8% for 1974. Per capita income has risen from about \$115 in 1965 to nearly \$460 at present. Since 1961 the Korean Government, recognizing the economic and social benefits to be derived from a population policy, has implemented family planning programs as outlined in its previous and current five-year economic development plan. This population policy has set forth goals including, among other things, desired population sizes, rates of increase, and government investment in population activities. The Korean Family Planning Program, in operation since 1962, has helped the country reduce population growth from about 3% per annum in the early sixties to about 1.8% at present.

The dramatic reduction in fertility in the initial stages of the program has undoubtedly slackened the rate of population growth, and the unprecedented economic gains achieved in recent years has helped alleviate the pressures of rapid population growth to a considerable degree. However, population density is already extremely high (350 per km<sup>2</sup>) and the current growth rate is still excessive. Even if a transition to the much touted standard of a two-child family were to occur immediately, because of age composition the total population of the Republic of Korea would still grow about 40% over the next 30 years. With only a moderate fertility decline to replacement level by the year 2020, the population would be 94% larger in 2020 than in 1970. As the rural population has already reached more or less the saturation point in view of high rural density, most of the future growth may have to be absorbed by urban areas with the population of urban areas representing 70% of the total population by the year 2020 as compared with slightly less than 50% at present. The situation noted above will have far-reaching social and economic implications, including problems in providing adequate food, housing, social organizations, transportation, etc.

Efforts of the government in the population area are comprehensive, yet a number of critical problems remain to be dealt with if the country is to meet its present goals of 1.5% and 1.3% population growth by 1976 and 1981 respectively. These problems include:

a) Boy preference. Korean couples continue to have a strong desire for one or more sons and express a preference for an "ideal" completed family size of about three. To counteract this preference, the government has launched a nationwide campaign encouraging couples to terminate their fertility after two children. As a result, there has been a sizeable decrease in the number of children desired in all sections of the country and in all age and socio-economic groups. There is optimism that this trend will continue.

b) Maldistribution of services. In the early phases of the program, contraceptive services were made available through existing national and provincial health centers and through fieldworkers, a situation that tended to emphasize rural areas. Later, private physicians were trained and authorized by the government to provide services but recruitment of patients still tended to favor the rural areas. Urban areas have tended to be relatively neglected.

c) Continuation rates. After one year, approximately 50% of all IUD acceptors and 70% of pill acceptors have discontinued the method accepted. This is a much higher drop-out rate than most other countries and is believed due to pressures stemming from the target system and unweighted incentives.

A sense of complacency followed Korea's past success with family planning and, until recently, government planners believed that their population program targets could be reached through a continuation of existing strategies. Recent AID and other donor efforts have helped dispel this notion and bring about the realization that achievement of a 1.5% population growth rate by 1976 is in jeopardy, although also pointing out that with needed program modifications the 1981 goal of 1.3% might still be attained.

Government planners are now thinking about means and methods to improve program effectiveness within existing overall resource constraints. The IUD continues to be emphasized; however, due to the low continuation rates some thought is being given to decreasing



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this emphasis and shifting the funds thus saved to encourage acceptance of more effective measures to affect fertility. Interest is being shown in projects which will increase the availability of pills and condoms and in the provision of increased abortion services. However, due to legislative proscriptions, USAID has not and does not intend to support abortion services.

There is also very strong interest in both the public and private sectors in the establishment of a system to provide comprehensive male and female sterilization services throughout the country. Availability of sterilization in Korea has been limited to date. Although vasectomy is reasonably accessible in many areas of the country, modern techniques of female sterilization are generally available only in the Seoul area. Although availability of male and female sterilization services is increasing, it is doing so very slowly. Where new services are offered, demand continues to exceed the capacity of the servicing facilities. Compounding the demand problem is the fact that the parity of new acceptors is rapidly declining, indicating an increasing desire to terminate fertility after fewer children. Many of the new acceptors are transferees from other less reliable methods of contraception and this trend seems to be increasing.

It is for these reasons that the Government of Korea has proposed a rapid expansion of sterilization services throughout the country and has requested USAID and other donor assistance to supplement its own resources to undertake a project to increase the use of sterilization techniques and to institutionalize sterilization services. The project consists of three interrelated activities. First, a central training institution will be established in Seoul. Second, doctors will be chosen from among 75 hospitals participating in the Korean Family Planning Program. These doctors will be trained locally, in advanced techniques for fertility management and provided with the necessary medical equipment to perform sterilizations. Third, the trained doctors will return to their respective hospitals in cities throughout Korea and provide sterilization services as a part of the Family Planning Program. These services will be provided to all socio-economic groups and will be subsidized by the ROKG. In support of this effort, a limited amount of participant training will be offered to introduce new technology and to broaden Korean administrators' experience by exposure to developments in other Asian countries.

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Special evaluations of the project will be conducted at the end of the first year and at the end of the project. These evaluations will determine the effectiveness of the training and equipment provided, the attitudes of the doctors and clients, and the project impact on fertility and growth rates. Baseline data is included in the Logical Framework, B.2.

The Korean Family Planning Program gives equal emphasis to male and female sterilization. However, much of the training and equipping of doctors to perform vasectomies has been done, so this project, while including provisions for male sterilization, will emphasize female sterilization. As such, it will directly support Section 113 of the Foreign Service Act (Percy Amendment) by providing modern techniques to women who choose to terminate their fertility. USAID thus proposes supporting this innovative activity in cooperation with the ROKG and other foreign donors to assist in this key problem area.

## VI. COURSE OF ACTION

### A. Implementation Plan:

<u>Steps</u>	<u>Description</u>	<u>Agent</u>	<u>Time</u>
1.	Establish training center	JHPIEGO/KIFP	3/75
2.	Identify training clinics	KAVS/ROKG	4/75
3.	Begin one month training courses	JHPIEGO	5/75
4.	Equip and begin operation of clinics	USAID/ROKG	6/75
5.	Conduct information campaign	PFFK	Continuous 3/76-1/77

### B. Narrative:

This proposed project involves the coordinated efforts of various Korean agencies, several foreign donors, and A.I.D. Among those involved are the Ministry of Health and Social Affairs (MHSA), the Korean Institute for Family Planning (KIFP), the Planned Parenthood Federation of Korea (PFFK), Seoul National University Hospital (SNU), Korea University Hospital, Ewha University Hospital, Yonsei

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University Hospital, National Medical Center, the Korean Association for Voluntary Sterilization (KAVS) representing the International Project of the American Association for Voluntary Sterilization (IPAVS), United Nations Fund for Population Activities (UNFPA), the Johns-Hopkins Project for International Education in Gynecology and Obstetrics (JHPIEGO), and A.I.D.

JHPIEGO has established a Korean branch office with its staff located in KIFP. This staff will refine the curriculum, recruit local resource personnel and provide classroom space and, with the assistance of visiting consultants from JHPIEGO, conduct consecutive one-month courses in advanced techniques for fertility control for a total of up to 150 doctors per year. Clinical training will be provided in the five hospitals noted above, four of which have grants from IPAVS while the National Medical Center will operate with ROKG funds. KAVS/IPAVS will support vasectomy training in these same centers.

Doctors to be trained will be chosen from among 75 selected hospitals which are designated family planning hospitals assisted by UNFPA/PPFK. After training, these doctors will return to their respective hospitals and provide sterilization services as part of the Korean Family Planning Program. MHSa will subsidize the costs of these services from its regular budgetary allocations. These subsidies will equal more than 25% of the total project cost. In support of the overall sterilization program, PPFK will provide information/motivational support.

USAID's proposed inputs will include the provision of sterilization equipment, technical assistance, support for evaluation research, and limited participant training. Since A.I.D. provides most of the financial support for the other intermediary donors involved, USAID technicians expect to continue to play a major role in planning and coordinating the various inputs to this project in order to institutionalize a viable national program to provide modern sterilization services.

Log Frame

Summary		Objectively Verifiable Indicators		Important Assumptions	
Indicator		Specific Targets			
A.1. Goal	A.2. Measurement of Goal Achievement:			A.3.	(as related to goal)
To reduce the Korean birth rate.	Decline of 25% in birth rate	Current(1974)	Proposed(1976)	1.	ROK policy and financial support for lowering birth rate continues.
		28/1000 in 1975	21/1000 by 1981	2.	Koreans accept governmental policies re lowering birth rate, view such policies from a personal standpoint, and avail themselves of services provided and/or available.
B.1. Purpose	B.2. End of Project Status:			B.3.	(as related to purpose)
To increase use of sterilization techniques through establishment of national training and service network	1. Percent of fertile population accepting sterilization through medical channels	1. 5%	1. 6% in 1976 12% in 1981	1.	Sterilization will contribute to lowering the birth rate.
	2. Number of hospitals offering full sterilization services.	2. 5	2. 75	2.	Sterilization, if available, will be acceptable to the Korean people.
	3. Number of centers offering training in sterilization techniques and doctors trained and undertaking training.	3. Centers: 0 Doctors: Trained 10 Undertaking training 2	3. Centers: 5 Doctors: Trained 310 Undertaking training: 150 per year.	3.	Qualified doctors will avail themselves of facilities offering training or equipment related to sterilization.
	4. Equipment maintenance/repair center in use.	4. 0	4. NTE 10% of project equipment non-operational due to mechanical problems.	4.	Sterilization service centers can and will avail themselves of maintenance center service to ensure maximum utilization of equipment.
	5. Demand for sterilization services vis-a-vis other contraceptive methods.	5. 4.5%	5. 5.5% in 1976 6.5% in 1981	5.	Sterilization will prove to be more desirable economically and ROKG will promote increased sterilization by providing funding for additional training and equipment.

C. 1. Outputs	C. 2. Output indicators			C. 3. (as related to outputs)
1. Established training centers.	1. Number of centers	1. 5	1. 5	1. Adequate training sites will remain available.
2. Hospitals equipped to provide full modern sterilization services.	2. Number of hospitals equipped	2. 5	2. 75	2. Hospital staffs are capable of assisting in use of sterilization equipment.
3. Doctors trained in sterilization techniques.	3. Number of doctors trained:	3. 10	3. 310	3. Doctors will support sterilization techniques following training.
4. Trained trainers-administrators	4. Number trained	4. 10	4. 24	4. Trainers and administrators apply knowledge gained.
5. Male and female sterilizations.	5. Number sterilized	5. 250,000	5. 355,000	5. Sterilization remains acceptable to the Korean people.
6. Established data and evaluation system.	6. Reports available	6. 0	6. Monthly/annually/ad hoc	6. Various participating organizations will cooperate in providing data. Appropriate use will be made of data and evaluative information collected.

D. 1. Inputs	D. 2. Budget/Schedule				D. 3. (as related to inputs)	
1. <u>U.S.</u>	<u>FY 1975</u>		<u>FY 1976</u>			
A. Consultants	1. A. 6 m/m	\$ 6,000	1. A. 6 m/m	\$ 6,000	1.	Commodities arrive as scheduled.
B. Laparoscopes	B. 30 sets	105,000	B. 30 sets	105,000	2.	Suitable overseas training available
C. Laparoscopic teaching apparatus	C. 6 each	7,000	C. 9 each	10,000	3.	Other donor and ROKG support provided as planned.
D. Spare parts	D. 10 sets	14,000	D. 10 sets	14,000		
E. Vasectomy kits	E. 25 kits	2,000	E. 25 kits	2,000		
F. Mini-laparotomy kits	F. 25 kits	12,000	F. 25 kits	12,000		

G. Participant training	G. 7 m/m	15,000	G. 7 m/m	15,000
H. Evaluation	H. 1 survey	<u>10,000</u>	H. 1 survey	<u>15,000</u>
	Total	\$171,000	Total	\$179,000

2. Other Donors

A. Training (JHPIEGO & IPAVS)	2. A.	\$250,000	\$250,000
B. Hospital Support (UNFPA/PPFK)	B.	<u>40,000</u>	<u>45,000</u>
	Total	\$290,000	Total \$295,000

3. ROKG

A. Budgetary support for sterilization fees	3. A.	\$175,000	\$210,000
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MAR 10 9 03 AM '75

ACTION MEMORANDUM FOR THE ADMINISTRATOR

EXECUTIVE SECRETARIAT

10 MAR 1975

THRU : EXSEC

THRU : AA/PPC, Philip Birnbaum

FROM : AA/PHA, Harriett S. Crowley (Acting)

SUBJECT: Korea Health and Family Planning PROP Revision and Final  
Extension - \$350,000

489-64902

16p.

Problem: Because this PROP Revision, together with the original PROP, totals more than \$2,000,000, your signature is required on the attached PROP Revision Authorization.

Discussion: The Korean Government recognized the economic and social benefits to be derived from population policy favoring fertility reduction in the early 1960s and has implemented family planning programs in three successive five-year economic development plans with a remarkable degree of success, reducing the population growth rate from over 3% in 1960 to 1.8% at present.

A.I.D. support through this Health and Family Planning project since the mid '60s, together with support from other donors and planned development loan assistance, will complete the basic infrastructure, institutions, and training required to assure a continued effective health and family planning program in Korea. The final A.I.D. input to the family planning program under this project will be assistance in assuring nationwide availability of sterilization services, primarily through provision of training and the necessary equipment. Sterilization will complement traditional methods of birth control already widely available through government and private channels, and provision of these services is one of the steps the ROKG is taking to increase family planning effectiveness in the effort to achieve the national family planning goal of a 1.3% growth rate by 1981. Details on the rationale for the sterilization project and our assistance are found in the attached PROP Revision (pages 2-3, para II, A & B, and pages 7-10, para V).

A.I.D. has provided \$4,791,000 under this project in prior years in support of the national family planning program and programs for maternal and child health, health education, and disease control. The proposed revision narrows assistance to the family planning program for expanded sterilization services. The broader health aspects of the original project were placed under a new project in June of 1974. The \$350,000 to be provided from FY 75 Title X funds under this extension will be the final A.I.D. bilateral contribution to the project.

Pertinent to the provisions of Section 110(a) of the FAA, the host country has put \$18 million into this project in prior years and has a proposed budget of \$6.5 million for the next two years for all aspects of the national family planning program. Of the new Korean Government funds, \$385,000 will be used directly for the sterilization element assisted by A.I.D., to subsidize sterilizations for needy Koreans in an effort both to stimulate the

3/10/75

sterilization effort and to assure the spread of this service to the poorer element of the population. This sum, in itself, represents substantially more than 25% of the A.I.D. input.

The Korean family planning program gives equal emphasis to both male and female sterilization. However, much of the training and equipment necessary to perform vasectomies has already been accomplished so this project extension will emphasize female sterilization. Thus, it will directly support Section 113 of the Foreign Assistance Act (Percy Amendment) by providing modern sterilization techniques to women who choose to limit their fertility, allowing them greater freedom to participate in the economic and social development of Korea.

The project involves the coordinated efforts of various Korean agencies, several foreign donors, and A.I.D. Details concerning the various collaborators are found in the attached PROP Revision (pages 10-11, para VI B).

By the end of this project in 1976, about 75 institutions will be offering sterilization services versus five at present (1974), there will be 310 trained doctors and an institutional capacity to train 150 doctors annually in sterilization techniques where there are only ten trained doctors at present. Additionally, six percent of the eligible population will have received sterilization services versus five percent at present. Evaluations of the project will be conducted at the end of the first year and at the end of the project. Baseline data is included in the PROP Log Frame, Section B.2.

This PROP Revision has been reviewed and cleared by all A.I.D. office concerned. This project was included in the FY 1975 C.P. (page 71 Asia)\*.

Recommendation: It is recommended that you sign the attached PROP Revision which concludes activities under the Korea Health and Family Planning Project, providing final funding of \$350,000 in FY 1975.

Attachment: Korea Population PROP Revision

Clearance: GC:Gladson

*OK*  
Date: 5/12/75

- \* And a Section 114 notification was also forwarded in February 1975 to reflect changes in the project.